



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

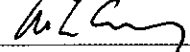

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER 507-427	2. PERIOD COVERED From MO DAY YEAR 01 01 2002 Through 12 31 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------------	----------------------------------	-----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

THO DO (2) 507-427 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 530 LU 2 209 GOLDEN GATE AVE SAN FRANCISCO, CA 94102 12/2002 		8. MAILING ADDRESS First Name THO Last Name DO P.O. Box - Building and Room Number (if any) Number and Street 209 GOLDEN GATE AVE City SAN FRANCISCO State ZIP Code + 4 CA 94102 -
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPL, RESTAURANT EMPL AFL-CIO	5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER 2
7. UNIT NAME (if any)		
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)		

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  3/28/03 Date (415) 864-8770 ext 740 Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  3/28/03 Date 415-864-8770 x 745 Telephone Number	TREASURER (If other title, see instructions.)
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

03-104-012/507427
* 507427 *

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period?
19. What is the date of your organization's next regular election of officers? MO YEAR
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>35.95-40.80</u> per <u>month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>\$79-\$122</u>
(c) Transfer Fees	\$ <u>20</u>
(d) Work Permits	\$ <u>29.95</u> per <u>month</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☒ ☐
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 0 7 - 4 2 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash.....		1	1 1 8 6 0 6	1 8 4 8 5 0
	26. Accounts Receivable.....			0	
	27. Loans Receivable.....			4 2 4 6	6 3 1
	28. U.S. Treasury Securities.....			0	0
	29. Investments.....		2	1 3 8 2 6 0 5	1 6 2 4 3 9 8
	30. Fixed Assets.....			1 3 9 2 1 7 5	1 3 9 2 1 7 5
	31. Other Assets.....		3	0	4 6 3 1
	32. TOTAL ASSETS.....			2 8 9 7 6 3 2	3 2 0 6 6 8 5
LIABILITIES	33. Accounts Payable.....		8	0	
	34. Loans Payable.....			6 2 8 2 1 3	5 9 8 5 8 0
	35. Mortgages Payable.....			0	0
	36. Other Liabilities.....		4	9 4 2 0	9 4 2 0
	37. TOTAL LIABILITIES.....			6 3 7 6 3 3	6 0 8 0 0 0
	38. NET ASSETS (Item 32 less Item 37).....			2 2 5 9 9 9 9	2 5 9 8 6 8 5

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 7 - 4 2 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues.....		3 2 8 6 9 7 6	56. To Officers.....	9	1 6 5 5 4 3
40. Per Capita Tax.....		0	57. To Employees.....	10	1 1 4 1 7 2 4
41. Fees.....		0	58. Per Capita Tax.....		9 5 6 8 0 6
42. Fines.....		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments.....		1 1 6 6 3 5	60. Office & Administrative Expense....	13	2 8 3 6 1 6
44. Work Permits.....		2 3 0 9 5	61. Educational & Publicity Expense...		0
45. Sale of Supplies.....		0	62. Professional Fees.....		1 3 5 5 2 9
46. Interest.....		1 0 7 5 2 0	63. Benefits.....	11	4 4 4 5 0 3
47. Dividends.....		0	64. Contributions, Gifts & Grants.....	12	2 2 5 1 5
48. Rents.....		1 0 1 3 7 0	65. Supplies for Resale.....		0
49. Sale of Investments & Fixed Assets.....	6	0	66. Direct Taxes.....		1 1 4 7 0 2
50. Loans Obtained.....	8	0	67. Withholding Taxes.....		5 1 3 5
51. Repayments of Loans Made.....	1	3 6 1 5	68. Purchase of Investments & Fixed Assets.....	7	2 9 6 7 6
52. On Behalf of Affiliates for Transmittal to Them.....			69. Loans Made.....	1	0
53. From Members for Disbursement on Their Behalf....		0	70. Repayment of Loans Obtained.....	8	2 9 6 3 3
54. Other Receipts.....	14	1 3 0 2 9 4	71. To Affiliates of Funds Collected on Their Behalf.....		0
			72. On Behalf of Individual Members...		0
			73. Other Disbursements.....	15	3 6 7 0 5 1
55. TOTAL RECEIPTS.....		3 7 6 9 5 0 5	74. TOTAL DISBURSEMENTS		3 6 9 6 4 3 3

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: Local 2 Employees Purpose: Advances/dues check Security: Accrued salary Terms: Payroll deducti	4 2 4 6	0	3 6 1 5	0	6 3 1
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	4 2 4 6	0	3 6 1 5	0	6 3 1
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 5 0 7 - 4 2 7

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. (a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	1 6 2 4 3 9 8
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. (a) Mutual Funds	3 2 1 0
(b) SEI INVESTMENT FUNDS	1 6 2 1 1 8 9
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	1 6 2 4 3 9 8
The total from Line 7 is entered in Item 29, Column (B)	

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. Prepaid Expenses	4 6 3 1
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4 6 3 1
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Security Deposits	9 4 2 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	9 4 2 0
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 0 7 - 4 2 7

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): 209-243 Golden Gate Ave, SF	1 6 3 7 6 6 3	3 8 7 2 6 4	1 2 5 0 3 9 9	2 0 0 0 0 0 0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	2 5 2 6 3 3	1 0 9 8 5 9	1 4 1 7 7 6	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1 8 9 0 2 9 6	4 9 7 1 2 3	1 3 9 2 1 7 5	2 0 0 0 0 0 0
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in				Item 49

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 7 - 4 2 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. None	0	0	0
2. Mutual Funds	2 9 6 7 6	2 9 6 7 6	2 9 6 7 6
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	2 9 6 7 6	2 9 6 7 6	2 9 6 7 6
	7. Less Reinvestments		0
	8. Net Purchases		2 9 6 7 6
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. United Labor Bank	6 2 8 2 1 3	0	2 9 6 3 3	0	5 9 8 5 8 0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	6 2 8 2 1 3	0	2 9 6 3 3	0	5 9 8 5 8 0
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34 Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 7 - 4 2 7

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
1.	CASEY MICHAEL PRESIDENT	C	4 9 3 8 3	2 3 9 6	4 7 4 6		5 6 5 2 5
2.	DO THO SEC 'Y-TREASURER	C	4 3 6 5 2	4 7 9 2	1 5 0 5	9 5 4	5 0 9 0 3
3.	WERLEIN-JAEN LAMOIN VICE PRESIDENT	C	3 9 8 6 4	4 7 9 2	2 5 9	2 0 0 0	4 6 9 1 5
4.	CHAVEZ GUADALUPE EXECUTIVE BOARD	C	1 2 5 0	0	0	0	1 2 5 0
5.	CORTEZ-PACHE ELVIRA EXECUTIVE BOARD TRUSTEE	C	8 5 0	0	0	0	8 5 0
6.	GONZALEZ JUDY EXECUTIVE BOARD	C	1 1 5 0	0	0	0	1 1 5 0
7.	HSU SHIOW-LAN EXECUTIVE BOARD	C	1 2 5 0	0	0	0	1 2 5 0
8. Totals from additional pages (if any)			6 7 0 0	0	0	0	6 7 0 0
9. Totals of Lines 1 through 8			1 4 4 0 9 9	1 1 9 8 0	6 5 1 0	2 9 5 4	1 6 5 5 4 3
					10. Less Deductions		0
The total from Line 11 is entered in Item 56					11. Net Disbursements		1 6 5 5 4 3

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 7 - 4 2 7

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. ALLMOHEN JANITOR	ALI ABDO 3 1 7 1 6	0	0	0	3 1 7 1 6
2. ALSAIDI JANITOR	ANMED 4 6 0	0	0	0	4 6 0
3. BALAKRISHNAN FIELD REP.	PRITHIKA 3 8 0 7 5	4 7 9 2	1 3 7 5	0	4 4 2 4 2
4. BONO SECRETARY	ROSANN 3 4 0 2 7	0	0	0	3 4 0 2 7
5. BURNS SECRETARY	MICHAEL 3 4 0 2 7	0	0	0	3 4 0 2 7
6. Totals from additional pages (if any)	9 0 1 3 4 4	7 3 6 0 6	1 0 0 0 2	1 2 3 0 0	9 9 7 2 5 2
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	1 0 3 9 6 4 9	7 8 3 9 8	1 1 3 7 7	1 2 3 0 0	1 1 4 1 7 2 4
9. Less Deductions			0		
The total from Line 10 is entered in Item 57			10. Net Disbursements		
			1 1 4 1 7 2 4		

SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 0 7 - 4 2 7

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH & WELFARE BENEFITS	CA SERVICE EMPLOYEES H&W	6 8 0 8
2. HEALTH & WELFARE BENEFITS	SF CULINARY TRUST FUND	1 6 3 2 8 1
3. CD/EC & LEGAL FUND CONTRIBUTIONS	SF CULINARY TRUST FUND	1 2 8 4 6
4. PENSION BENEFITS-LOCAL 2 EMPLOYEES	HEREIU WELFARE-PENSION	8 3 9 0 7
5. Total from additional pages (if any)		1 7 7 6 6 1
6. Total of Lines 1 through 5		4 4 4 5 0 3
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. SOLIDARITY/STRIKE DONATIONS	1 7 4 9 0
2. CORPORATE CONTRIBUTION	5 0 0 0
3. INDIVIDUAL CONTRIBUTION	2 5
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 2 5 1 5
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. FACILITY SUPPLIES	9 9 4 7
2. FACILITIES REPAIR/MAINTENANCE	1 5 8 3 6
3. OTHER REPAIRS/MAINTENANCE	1 3 2 4 3
4. EQUIPMENT REPAIRS/MAINT.	7 2 9
5. UTILITIES	5 3 7 1 2
6. HIRING HALL EXPENSES	1 2 0 8
7. Total from additional pages (if any)	1 8 8 9 4 1
8. Total of Lines 1 through 7	2 8 3 6 1 6
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. WITNESS FEES	3 0
2. REFUNDS/REIMBURSEMENTS	2 1 6 4 5
3. HEREIU PHONE REIMBURSEMENTS	9 8 4 6
4. HEREIU PAYROLL REIMBURSEMENTS	4 3 4 8 4
5. HEREIU TRAVEL REIMBURSEMENTS	1 0 2 5 5
6. QUAD-CITY LADDERS PROJECT	3 6 6 2 0
7. OTHER REVENUE	3 3 2 5
8. DEATH BENEFITS	4 4 1 4
9. SETTLEMENTES	6 7 5
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 3 0 2 9 4
The total from Line 17 is entered in Item 54	

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. INTEREST EXPENSE	5 1 2 9 8
2. FLOWERS	1 2 8 5
3. ACTIONS EXPENSE	6 9 2 4 2
4. STRIKE BENEFITS	1 3 9 3 5 7
5. DONATIONS TO OTHERS	1 2 9 8 5
6. UNION PROMOTIONAL ATTIRE	2 6 0 0
7. PROJECT EXPENSES	1 3 9 6 0
8. MEETING AND TRAVEL	3 4 2 9 8
9. MISCELLANEOUS EXPENSES	6 8 8 9
10. DEATH BENEFITS PAID OUT	7 7 5 0
11. BUILDING IMPROVEMENTS	2 7 3 8 7
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	3 6 7 0 5 1
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 507 - 427

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*					
KOLLAROS JOHN EXECUTIVE BOARD TRUSTEE	C	1 2 5 0	0	0	0	1 2 5 0
KOZONO GARY EXECUTIVE BOARD	C	7 5 0	0	0	0	7 5 0
LAZARO FERNANDO EXECUTIVE BOARD	C	1 2 5 0	0	0	0	1 2 5 0
PALMA MARUICIO EXECUTIVE BOARD	C	8 0 0	0	0	0	8 0 0
SMITH AGNES EXECUTIVE BOARD	C	8 5 0	0	0	0	8 5 0
SOLANO ERLINDA EXECUTIVE BOARD	C	1 0 5 0	0	0	0	1 0 5 0
SULLIVAN GLORIA EXECUTIVE BOARD TRUSTEE	C	7 5 0	0	0	0	7 5 0
ZEHER SAMUEL EXECUTIVE BOARD	C	0	0	0	0	0

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 4 2 7

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
CASTORENA	GERARDO	2 6 8 4 8	2 9 4 9	2 6 9 5	0	3 2 4 9 2
FIELD REP.						
CASTRO	MANUAL	3 9 9 9 5	4 7 9 2	0	5 8 0	4 5 3 6 7
FIELD REP.						
CHEN	ADELAIDE	3 5 0 7 7	4 4 2 4	9 8 4	0	4 0 4 8 5
FIELD REP						
COHN	DARRYL	5 6 6 2 1	0	0	4 6 9	5 7 0 9 0
DISPATCH						
CUELLAR	LUIS	4 1 4 8 1	4 7 9 2	5 1	9 0 6	4 7 2 3 0
FIELD REP						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 4 2 7

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
DIJULIO	MICHAEL	1 4 1 6 4	1 8 4 3	5 3	0	1 6 0 6 0
FIELD REP						
FADEL	FAIZ	5 6 3 3	0	0	0	5 6 3 3
JANITOR						
FUENTES	FELIX	2 3 2 5 7	0	0	0	2 3 2 5 7
FIELD REP.						
GOETCHIUS	CHARLES	4 2 8 7 6	4 7 9 2	5 5 5	1 0 0 0	4 9 2 2 3
FIELD REP.						
IGOE	CAROL	2 8 9 6 9	3 5 0 2	0	1 0 0 0	3 3 4 7 1
FIELD REP.						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 4 2 7

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
JOHNSRUDE	GREGORY	4 2 2 0 5	0	0	0	4 2 2 0 5
CASHIER						
KUAN	RICHARD	1 6 3 2 0	1 3 4 2	0	3 2 2	1 7 9 8 4
ORGANIZER						
KUANG	JIE MIN GA	1 1 5 2	0	0	0	1 1 5 2
INTERN						
LY	XUHA	3 7 3 4 7	0	0	0	3 7 3 4 7
CASHIER						
MACWHINNIE	ANGELA	3 4 1 1 4	3 6 8 6	2 1 3	0	3 8 0 1 3
ORGANIZER						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 4 2 7

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
MADRIZ CASHIER	GLADYS	1 5 0 4 9	0	0	0	1 5 0 4 9
MAI FIELD REP	QIONG XIAN	1 8 8 3 0	1 8 5 2	3 1	9 5 6	2 1 6 6 9
MORSE ORGANIZER	AYANA	3 0 6 7 1	2 6 7 6	1 6 4 2	6 0 3	3 5 5 9 2
O'CONNOR ORGANIZER	KEVIN	4 0 1 8 2	4 7 0 0	9 8 1	4 8 2	4 6 3 4 5
PINES FIELD REP	ALPHONSO	4 2 2 2 4	4 7 9 2	0	8 9 4	4 7 9 1 0

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 4 2 7

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
POWELL	LORRAINE	4 2 2 2 4	4 7 9 2	0	8 8 7	4 7 9 0 3
ORGANIZER						
ROSENFELD	STEPHANIE	3 0 1 1 6	3 5 0 2	1 4 0 6	5 9 4	3 5 6 1 8
RESEARCHER						
SALMERON	LESLI	1 2 2 5 5	8 3 1	0	4 4 6	1 3 5 3 2
ORGANIZER						
VILLANUEVA	LORNA	3 1 9 4 0	3 9 6 3	0	0	3 5 9 0 3
ORGANIZER						
WELCH	MICHAEL	3 8 5 1 0	4 7 9 2	0	1 0 0 0	4 4 3 0 2
FIELD REP						

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 4 2 7

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
WIRSHING KIM GRIEVANCE	4 3 3 0 2	0	3 0 1	1 6 1	4 3 7 6 4
WONG MARIANA ORGANIZER	3 8 5 1 0	4 7 9 2	9 9 0	1 0 0 0	4 5 2 9 2
YEOMAN JOAN SECRETARY	3 4 8 4 5	0	0	0	3 4 8 4 5
ZEHER SAMUEL FIELD REP	3 6 6 2 7	4 7 9 2	1 0 0	1 0 0 0	4 2 5 1 9

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 11 – BENEFITS (continued)Form LM-2 (Revised 2000)

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **5 0 7 - 4 2 7**

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
LIABILITY INSURANCE	1 6 9 0 1
EQUIPMENT LEASING	2 9 1 1 5
PHONE/INTERNET	4 2 0 9 7
OFFICE SUPPLIES	3 4 1 4 5
PRINTING & GRAPHICS	3 4 8 7 6
DUES/SUBSCRIPTIONS	2 7 8 7
POSTAGE & DELIVERY	7 2 5 5
ANNUAL MAILING	3 0 2 8
PAYROLL SERVICE CHARGES	3 2 9 4
BANK & SERVICE CHARGES	1 1 8 6 3
PETTY CASH DISBURSEMENTS	3 5 8 0

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 5 0 7 - 4 2 7

75. ADDITIONAL INFORMATION

Item Number	
11	The trusts are internal funds maintained for strike and organizing for the benefit of the members of the union. The funds are funded from dues agreed to by the membership and allocated to the strike and organizing funds each month.

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 7 - 4 2 7

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION(*continued*)

Item Number	
14	<p>Outside auditor performed audit of fiscal year 2001 organization activity.</p> <p>Auditor name : Sterck, Enfield & O'Neill, San Francisco, California</p>

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: 507 - 427

75. ADDITIONAL INFORMATION *(continued)*

Item Number	
23	The property at 209 - 243 Golden Gate Avenue is collateral for the mortgage held by United Labor Bank for the purchase of 243 Golden Gate Avenue by HERE Local 2.

ORGANIZATION NAME:
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 507 - 427

ENDING DATE OF PERIOD COVERED:
12/31/2002

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

Trustee Sign: John Kollaros TRUSTEE

3/28/03
Date

415-864-8770 x 701
Telephone Number

Trustee Sign: Gloria Sullivan TRUSTEE

3/28/03
Date

415-864-8770 x 701
Telephone Number